



Establishment Name <i>Motel 60</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Sheron K Roberts</i>	
Physical Address <i>17513 Buckner Dr</i>		City <i>Warrens</i>	Zip <i>65588</i>
Mailing Address <i>Same</i>		City	Zip
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <i>573/325/4416</i>	No. of Stories <i>2</i>
		No. of Rooms <i>10</i>	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>0, 3, 11, 2</i>	<b>Water Supply</b>	<b>Wastewater</b>
	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
	<b>Swimming Pools/Spas (check all that apply)</b>	
Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A		
	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

In=In Compliance				Out=Not In Compliance, explain on additional page(s)				NO=Not Observed				N/A=Not Applicable			
Section A & B: Water Supply & Wastewater				Section E: Fire Safety				Section F: Swimming Pools/Spas				Section G: Plumbing/Mechanical			
In	Out	NO	N/A	In	Out	NO	N/A	In	Out	NO	N/A	In	Out	NO	N/A
1. Approved source, construction and operation				1. Textiles, hangings and mirrors				1. Fence, gate adequate, proper closure mechanism				1. Equipment adequate, good repair			
2. Complies with water quality standards				2. Fire extinguisher type, inspected, and location				2. Boundary line, pool depth properly marked				2. Ventilation adequate, plumbing, restrooms			
3. Chlorinator maintained and operated properly				3. Vertical openings fire-rated, self-closing				3. Deck is clean and in good repair				3. T & P relief valves adequate, good repair			
4. Wastewater operation and maintenance				4. Doors, self-closing and fire-rated				4. Lifesaving equipment adequate, good repair				4. Relief valve discharge pipes installed, adequate			
<b>Section C: Sanitation/Housekeeping</b>				5. Smoke detectors hardwired, installed, good repair				5. Pool clarity, pH, disinfectant, & temp. maintained				5. Backflow, air gaps, no cross connections			
1. Walls, floors and ceilings in good repair				6. Evacuation route and plan, installed, available				6. Steps, ladders, and handrails installed, good repair				<b>Section H: Heating &amp; Cooling</b>			
2. Housekeeping practices and furnishings				7. Stairs and ramps, maintained, storage				7. Adequate ventilation				1. Unvented fuel-burning appliance/space heater			
3. Towels and bed linens clean				8. Means of egress, number, maintained				8. Electrical outlets, proper protection & distance				2. Fire resistant room or sprinkler head			
4. Mattresses and box springs clean				9. Handrails and balconies maintained and appropriate				9. Records maintained and signs posted				3. Location of heating/cooling units			
5. Pest control procedures				<b>Section D: Life Safety</b>				10. First aid kit available				4. Ventilation of appliances and utility rooms			
6. Ice machines, scoops, liners clean & protected				1. Combustible/toxic items usage and storage				11. Lighting adequate and in good repair				5. Operation and condition adequate			
7. Garbage storage and disposal				2. Building maintained to assure safe conditions				<b>Section G: Plumbing/Mechanical</b>							
8. Premises maintained, plant growth controlled				3. CO detectors hardwired, installed, good repair				1. Equipment adequate, good repair							
<b>Food Inspection conducted according to 19CSR20-1.025</b>				4. GFCL, outlets & switches installed, good repair				2. Ventilation adequate, plumbing, restrooms							
9. Food, equipment and single service/use				5. Exit signs installed, good repair				3. T & P relief valves adequate, good repair							
10. Food protected from contamination				6. Emergency lighting installed, good repair				4. Relief valve discharge pipes installed, adequate							
11. Facilities to wash, rinse and sanitize				7. Electric panel protected, labeled, good repair				5. Backflow, air gaps, no cross connections							
12. Handwashing facilities/hygienic practices				<b>Required Annual Third Party Inspections</b>				<b>Section H: Heating &amp; Cooling</b>							
1. Fire Alarm System				1. Unvented fuel-burning appliance/space heater				1. Unvented fuel-burning appliance/space heater							
2. Sprinkler System				2. Fire resistant room or sprinkler head				2. Fire resistant room or sprinkler head							
3. Local Fire and Building Codes/Ordinances				3. Location of heating/cooling units				3. Location of heating/cooling units							
4. Current Boiler/Pressure Vessels MDPS Certification				4. Ventilation of appliances and utility rooms				4. Ventilation of appliances and utility rooms							
5. Backflow Device(s) Test				5. Operation and condition adequate				5. Operation and condition adequate							
6. Liquid Propane Leak Test															

INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P Dwyer</i>	EPHS NUMBER <i>1773</i>	AGENCY <i>Texas College Health Dept</i>	TELEPHONE <i>417/967/4171</i>
LICENSING YEAR 20 <i>23</i> / 20 <i>20</i>	DATE INSPECTED <i>8/30/23</i>		FOLLOW UP DATE <i>N/A</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Sheron K Roberts</i>			PAGE 1 OF <i>1</i>